



3739/18  
Docket No. 259/012

Certificate of Mailing/Transmission (37 C.F.R. § 1.8(a)):

[X] Pursuant to 37 C.F.R. § 1.8, I hereby certify that this paper and all enclosures are being deposited with the United States Postal Service as first class mail on the date indicated below in an envelope addressed to the Assistant Commissioner for Patents, Washington D.C. 20231.

[ ] Pursuant to 37 C.F.R. § 1.6(d), I hereby certify that this paper and all enclosures are being sent via facsimile on the date indicated below to the attention of Examiner \_\_\_\_\_ at Facsimile No. \_\_\_\_\_ at \_\_\_\_\_ a.m./p.m.

Dated: November 6, 2002

Name of Person Certifying: \_\_\_\_\_  
Printed Name: LAER BARRETT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Daniel M. LaFontaine, et al.

Assignee: SciMed Life Systems

Filing Date: 11/14/2000

Examiner: R.S. Kearney

Serial No.: 09/713,749

Group Art Unit: 3739

Title: ELECTROPHYSIOLOGY ENERGY TREATMENT DEVICES AND  
METHODS OF USE

Assistant Commissioner for Patents  
Washington, D.C. 20231

RECEIVED

NOV 18 2002

RESPONSE & FEE TRANSMITTAL

TECHNOLOGY CENTER R3700

Sir:

➤ In response to the Office Action mailed on August 14, 2002, enclosed herewith for filing are the following:

A Response/Amendment [9] page(s)  
 A Response to Restriction Requirement under 35 USC § 121 [ ] page(s)  
 An Amendment Under 37 CFR § 1.111 [ ] page(s)  
 An Amendment Under 37 CFR § 1.116 [ ] page(s)  
 Other \_\_\_\_\_ [ ] page(s)

Also included are:

A Petition for Extension of Time [ ] months [ ] page(s)  
 Supplemental Information Disclosure Statement  
[ ] page(s) of PTO-1449 [ ] copies of IDS citations  
 Applicant(s) claim Small Entity Status under 37 CFR § 1.27.  
 Other: Terminal Disclaimer  
 Return Postcard

Fee Calculation					
<input type="checkbox"/> The following fees are submitted:					
EXTRA CLAIMS FEE				OTHER THAN SMALL ENTITY	SMALL ENTITY
CLAIMS	CURRENT #	# OF CLAIMS PREVIOUSLY PAID	# EXTRA	RATE	RATE
Total Claims	- 20			× \$18.00	× \$9.00 \$
Independent claims	- 3			× \$80.00	× \$40.00 \$
MULTIPLE DEPENDENT CLAIM(S)					
				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Petition for Extension of Time Fee ( <u>  </u> months)					\$
OTHER FEES _____ (specify)					\$
				TOTAL FEES =	\$

Conditional Petition for Extension of Time: An extension of time is requested to provide for timely filing if an extension of time is still required after all papers filed with this communication have been considered.

A check in the amount of \$ \_\_\_\_\_ to cover the above fees is enclosed.

Please charge Deposit Account No. \_\_\_\_\_, Docket No. \_\_\_, in the amount of \$ \_\_\_\_\_ to cover the above-fees. *A duplicate copy of this sheet is enclosed.*

The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. 50-1192, Docket No. 259/012. *A duplicate copy of this sheet is enclosed.*

DATE: November 4, 2002

Respectfully submitted,

By:   
 William A. English  
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